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#9  
RIVAS  
9/15/02

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PATRADE
First Named Inventor		Bente Käthe Yonne Merrill
<b>COMPLETE IF KNOWN</b>		
Application Number	10 / 088,692	
Filing Date	03/21/2002	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Sock or stocking for therapeutic use.

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

03/21/2002

as United States Application Number or PCT International

(if applicable).

Application Number

PCT/DK00/00517

and was amended on (MM/DD/YYYY)

03/21/2002

10/088,692

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	RECEIVED
PA 1999 01339 PCT/DK00/00517	Denmark	09/21/99 09/19/00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label   
OR  Correspondence address below

Name	James C. Wray		
Address	1493 Chain Bridge Road		
Address	Suite 300		
City	McLean	State	VA ZIP 22101
Country	US	Telephone	(703) 442-4800 Fax (703) 448-7397

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

**NAME OF SOLE OR FIRST INVENTOR :**

Given Name (first and middle [if any])	Bente Käthe Yonne	Family Name or Surname	Merrild
Inventor's Signature			Date 12-04-02

Residence: City Ringkøbing State DK Country DK Citizenship Danish

Mailing Address Smedegade 30, DK-6950 Ringkøbing, Denmark

Mailing Address Same as above

City Ringkøbing	State Denmark	ZIP 6950	Country Denmark
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A petition has been filed for this unsigned inventor

**NAME OF SECOND INVENTOR:**

Given Name (first and middle [if any])	Ludvig Nikolaj	Family Name or Surname	Nielsen
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Inventor's Signature			Date 12/4-02
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Residence: City Ringkøbing State DK Country DK Citizenship Danish

Mailing Address Torvegade 4, DK-6950 Ringkøbing, Denmark

Mailing Address Same as above

City Ringkøbing	State Denmark	ZIP 6950	Country Denmark
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

MAY 13 2002

#8  
Answers  
5/16/02Please type a plus sign (+) inside this box PTO/SB/66 R6-0001  
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Application Number	10/088,692
Filing Date	03/21/2002
First Named Inventor	Bente Käthe Yonne Merrild
Group Art Unit	
Examiner Name	
Attorney Docket Number	PATRADE

I hereby appoint:

- Practitioners at Customer Number   →
- OR**
- Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.

**OR**

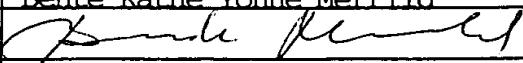
<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray			
Address	1493 Chain Bridge Road			
Address	Suite 300			
City	McLean	State	VA	Zip 22101
Country	US			
Telephone	(703) 442-4800	Fax	(703) 448-7397	RECEIVED JUL - 8 2002 DO NOT MAIL ROOM

I am the:

- Applicant/Inventor.

- Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Bente Käthe Yonne Merrild
Signature	
Date	12-04-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/088,692
Filing Date	03/21/2002
First Named Inventor	Merrild et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	PATRADE

I hereby appoint:

Practitioners at Customer Number   → Place Customer Number Bar Code Label here

OR

Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray				RECEIVED
Address	1493 Chain Bridge Road				JUL 8 2002
Address	Suite 300				TC 3700 MAIL ROOM
City	McLean	State	VA	ZIP	22101
Country	US				
Telephone	(703) 442-4800	Fax	(703) 448-7397		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Ludvig Nikolaj Nielsen	
Signature		
Date	12-64-2002	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 2 forms are submitted.